PTO/SB/06 (08-01)
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to a collection of information unless it displays a valid CMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application of Dockel Number 09/837, 460			
CLAIMS AS FILED - PART I (Cotumn 1) (Cotumn 2) SMALI								OR	/ / OTHEF	R THAN ENTITY		
FOR NUMBER FILED			NUMBER EXTRA		RATE	FEE		RATE	FEE	]		
BASIC FEE CIT CFR 1.16(a))				:			3	OR		.210	一	
	TOTAL CLAMS (37 OFR 1.16(d)) 9 minus 20 =				0	× 8	•	OR	x 6•			
	INDEPENDENT CLAIMS (27 CFR 1.16(2))  Minus 3 2				/	2 5 =		. OR	80.	80	] -	
MAR	TIPLE DEPENDE	NT CLAIM PRESEN	it a	7 CFR 1.16(4))	+5 -	T	OR			1		
" If the difference in column 1 is less than zero, enter "T" in column 2.						TOTAL	1	ОЯ	TOTAL	790	-	
44				_	-	-	•	•				
CLAIMS AS AMENDED - PART II								OR	OTHE	R THAN		
		(Cotume 1)		(Column 2)	(Cotime 3)	SMALL	ENTITY	7	SMALL	ENTITY	1	
NT A	A	CLABAS REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADOI- TIONAL FEE		
ENDMENT	Total prominen	' //	Minus	. 20	.0	×3		OR	x s=		]	
	Independent Q7 C/R 1,1663	6	Minus	- 4	- 2	x s =	1	OR	x \$ 860	172	]-	
AM	FIRST PRESENT	ATION OF MOSTIFICE	E OEPENDE	ENT CLASH (37 CF	R 1,16(6))			OR.				
101 CAN 012					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	172	}-		
ŋ	1814XYP	M		40	**************************************	ADDITEE	<b>L</b>	7	,001,121		1	
4		(Column 1) CLAIMS		(Calumn 2)	(Column 3)		T	1			1	
NT B	B	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
AMENOMENT	OF CER 1.H(r)	10	Minus	" 20	.6	× 5		OR	× 5	ļ	1	
EN	Independent (27 CFR 1.1563)	6	Minus		.0	X 8		OR	x s=		1	
₹	SUST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.16(8))					* 5 =	_	OR	. * *			
n) (Column 1) (Column 2) (Column 3)						TOTAL ADO'L FEE		OR	ADD'L FEE	0	1	
B	(, <del>\</del> \ ,	(Column 1)		(Calumn 2)	(Column 3)			7			<b>∤</b> `	
ပ		CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEC		RATE	AODI- TIONAL FEE		
MEN	Total	AMENDMENT	Minus	" "	- 112	KS -		OR	# \$ •		1	
AMENDMENT	(D) CPR 1.1683 Independent	+ /	Minus	10	-17			OR	X3		1	
ME	Q7 CFB 1 463-3	<u></u>					+	1			1	
4	FORST PRESON	ATION OF MULTIPL	e dependi	ENT CLAIM (3) CI	FR 1.10(a))	TOTAL	+	- OR	TOTAL	10	1	
						ADO'L FEE		OR	ADD'L FEE	1//_		

The Trighest Number Previously Paid For' 81 THIS SPACE is less than 3, order "3".

The Trighest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

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